

**NJ Department of Military and Veterans Affairs
State of New Jersey Purchasing Card
MONTHLY CERTIFICATION FORM**

Exhibit E

Card# (Last Four Digits): _____

Card Name: _____

Division: _____

Billing Cycle: _____

Total Amount: _____

I certify that the purchasing activity stated herein has been reconciled with Nations Bank monthly billing statement. I have confirmed that the goods and services have been received and all supporting documentation is attached.

Cardholder Signature: _____ Date: _____

Account Manager Initials: _____ Date: _____